PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 09 919 527													
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			45					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		B/	ASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS		45 minus 20=		•			X\$ 9=		OR	X\$18=	450		
INDEPENDENT CLAIMS			6 minus 3 =		•		r	X40=	;	OR	X80=	24	
MUL	TIPLE DEPEND	ESENT					+135=		OR	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			TOTAL	1400	,
CLAIMS AS AMENDED - PART II								SMALL I	ENTITY	OR	OTHER SMALL	THAN	
NT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HESY ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total •	J-1	Minus	L	15	- 2	Γ	X\$ 9=		OR	X\$18=	100	
	Independent	6.7	Minus	***	6	-	T	X40=		OR	X80=	200	
	FIRST PRESEN	TATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM		·	+135=		OR	+270=		
							. L	YOTAL			YOTAL ADDIT, FEE		12
8/29/05 (Column 1) (Column 2) (Column 3)								DOIT FEE			ADDIT. FEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NU PREV	MEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	· 47	Minus	**	<u> </u>	.	T	X\$-0=		OR	X\$18=		
MEN	Independent	• 7	Minus	***		.	1 t	X40=.		QB	X80=		1
₹	FIRST PRESENTATION OF MULTIPLE DEPENDEN				VT CLAIM		J †	+135=		OR	+270=		1
			•	•			L	TOTAL		OR	TOTAL		1
			•					DOM. FEE		70	ADDIT. FEE	: L	1
ပ	;	(Column 1) CLAIMS REMAINING AFTER		HIC	umn 2) SHEST IMBER VIOUSLY	(Column 3) PRESENT EXTRA	וֹן	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	-
	<u></u>	AMENDMENT		PA	D FOR		┨┠		FEE_	┨	V010	FEE ;	1
AMENDMENT C	Total,	•	Minus	**		=	┨╏	X\$ 9=	 	JOR		├ ─	-
AME	Independent FIRST PRESE	NTATION OF	Minus MULTIPLE DE	PENDE	NT CLAIN		┫╏	X40=		OR	X80=	 	4
┞	PINST PRESE	HANDING OF					-	+135=		OR	+270=		
If the entry in column 1 is less than the entry in column 2, write "o' in column 3. "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FE		7
"	"If the "Highest Nur The "Highest Nur							nd in the a	ppropriate t	oox in c	otumn 1.		